



Linda McCulloch, Superintendent
Office of Public Instruction
Return to:
David Huff
Traffic Education Programs
PO Box 202501
Helena, MT 59620-2501

Application for Approval as a Teacher of Traffic Education

ATTENTION: This application is to be completed and returned to the State Traffic Education Program at the above address in order to receive approval as a teacher of traffic education. This approval must be renewed with each renewal of a teacher's Montana Teaching Certificate. **ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 5, AND SIGN AND DATE ITEM 7 ON THIS APPLICATION.** If you **DO NOT** have a minor in Traffic Education and a (99) endorsement on your Montana teaching certificate, complete the course information in Item 6 (10.13.308(3) ARM) and provide appropriate transcripts. Please allow 3-6 weeks for processing this application.

1. Last Name:		First Name:		Middle Initial:
2. Preferred Mailing Address:		City:	State:	ZIP Code:
3. Daytime Phone:	Evening Phone:	Fax Number:		E-Mail Address:
4. School Where You Teach:		MT State Teaching Certificate Folio #:		Expires:
5. Driver License Number:		Are you CDTF Certified? (Circle) Yes No		Birthdate:

6. If you are a **first-time applicant**, please list all Traffic Education courses successfully completed. If you are a **renewal applicant**, list only those courses taken since your last application. If copies of transcripts or a traffic education transcript review from Montana State University-Northern are not already on file in this office, please submit legible copies along with this application to the above address.

Number and Title of Course	Institution	Year Taken	Semester Credits Earned

7. I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____